

## Insurance Information Request

DATE	CLIENT ID
Toll-free: 1-800-562-3022 extension 16136	
WORKER	EXTENTION

### We need more information!

Your children are not eligible for the free Apple Health for Kids program, but may be eligible for the Apple Health for Kids premium program. From the information you gave us, your income fits within the program guidelines.

To finish checking your children's eligibility for Apple Health for Kids premium program, we need more information from you. Your application will be denied if you do not answer all of the questions below and return this letter by: .

#### Medical Insurance

Do you have health insurance for your children that covers doctor, hospital, laboratory, and x-ray (radiology) services? If any of your children have insurance that covers **all four** services, please list the child's name and the insurance company's name below.

*(Don't list car insurance, Indian Health services, or school insurance for sports or accidents at school.)*

Child's Name	Insurance Company

#### Job-Related Medical Insurance

If you have dropped **job-related** medical coverage in the last four (4) months, you may have to wait four (4) months to cover your children. The answers to the questions below will help us decide if you will have a waiting period.\* Please answer the following questions:

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| 1. Did you drop job-related medical for any of your children within the last four (4) months?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did the medical insurance cover doctor, hospital, x-ray (radiology), and laboratory services?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. How much did this health insurance coverage cost each month? \$_____  |                          |                          |
| 4. If you answered "Yes" to questions 1 and 2, please read the enclosed attachment and decide if any of the statements listed tell why you dropped job-related medical coverage for your children. If there are statements listed on the attachment that fit your case, please write the statement here: |                          |                          |

\* A waiting period is four (4) full months beginning the day after the **job-related** medical coverage ended. The waiting period ends on the last day of the 4<sup>th</sup> full month.

**Job-Related Medical Insurance (Continued)**

5. If you answered "Yes" to questions 1 and 2 but none of the reasons on the attachment fit in your case, write in your children's names and the date the insurance coverage ended below:

Child's Name	Date Insurance Coverage Ended

**Monthly Premiums**

To be eligible for the Apple health for Kids premium program, you must pay a monthly premium. Premiums vary depending on income. Premiums will be \$20 or \$30 per child each month, with a limit of \$40 or \$60 a month for a family. If your children are found eligible for the program, you will receive monthly premium statements along with a return envelope for payment.

There are no premiums for American Indian or Alaska Native children. Please list any of your children who are American Indian or Alaska Native.

American Indian Child's Name	Alaska Native Child's Name

If you have questions, please call **1-800-562-3022 ext. 16136**. You may also view our website at <http://hrsa.dshs.wa.gov/AppleHealth/>. We're here to help you.